

RESIDENTIAL ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) CERTIFICATION FORM

Certification shall be completed by a state licensed contractor (A, C-36, or C-42) or other qualified professional/ service provider (P.E., C.E.G., R.E.H.S., etc.). For more information, call or text 800-442-2283.

	APPLICANT	INFORMATION		
Property Owner:		Applicant Name:		
Property Address:				
Phone Number:	APN:	Emai	l:	
Building Permit Number (if applicab	le):			
	PROPERTY	INFORMATION		
Number of Units:	Number of Be	edrooms:	Number of Bathrooms:	
Garbage Disposal: Y N	Residence Vacant:	Y N How long?	Basement: Y	Ν
	SEPTIC TANK			
Tank Material:		Dimensions in F	Feet (L x W x D):	
Type of Cover (specify):	Tank Capacity	y (gallons):	Number of Compartmen	its:
Age of Tank: Date	the tank was last pumpe	d (mo/yr):	Disposal Area Age	:
Specify any damage or defects obs	served:			
	TYPE OF DI	SPOSAL AREA		
Seepage Pit: Leachlines	: Other (specify)	:		
Distance from Well:	ft.	Distance from Four	idation:	ft.
Distance from Nearest Lot Line:	Front: ft.	Rear: ft.	Side:	ft.
Specify any damage or defects obs	erved:			
	SEEPA	AGE PITS		
Number of Pits:	Outside Diameter:	ft. Dept	n: ft	•
Depth of Pit Below Inlet: ft.	Lining Material (sp	ecify):		
	LEAC	HLINES		
Number of Lines:	Trench Width:	in. Average	Length of Lines:	ft.
Total Absorbtion Area (Bottom of trend		Depth (Finish grad	e to top of line):	in.
Distance Between Lines: ft.	Type of Filter Material B	Below Line:		
Depth of Material Above Line:	in. Depth of Material	Below Line: in.	Leachlines Covered:	Y N
Plastic Leaching Chambers		Bundled Expanded Po	olystyrene Synthetic Aggre	egate Units
Specify indications of previous syst	em failures (odors, seep;	age, etc.), Attach additio	nal pages if necessary:	
			la pagee i neccecary.	
	HVDDVI	JLIC TEST		
Dye Test: Y N		Hydraulic Test: Y	N	
Length of Time Added (minimum 6	0 minutes): mins	•	d (maximum 30 minutes).	mins
Length of Time Added (minimum 6	1	Time to Return to Initia	nimum 300 gallons):	mins. gallons
Length of Time Added (minimum 6 Liquid Level Rise: in. Notes:	1	•		mins. gallons
Liquid Level Rise: in.	1	Time to Return to Initia		

TANK & DISPOSAL AREA INFORMATION

In the space provided, show the location of the septic tank and disposal area in relation to the buildings and other landmarks (i.e. wells, trees, shrubs, driveways, parking, paving, drainage courses, and property lines).

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It is the opinion of the certifier that this sewage disposal system (check all that apply):

Meets current code,

Can be expected to function satisfactorily and is not likely to create any unsanitary conditions.

Cannot be expected to function satisfactorily.

Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

Type of License:		Reg. Number:		Expiration:								
Address:				Date:								
Electronic Signature Only By checking this box, I confirm I am submitting this application electronically the information on this form is true and correct. I also acknowledge that I have read, understand and acc terms and conditions of this form.												
Name of Certifier:		Signature:										
	OFFICE	USE ONLY										
Reviewed By:	Date:		Fee:	Late Fee:	Y N							
PE:	Record ID:	Effective Design Rate: Y										
Approved: Y N	Reason (if not approved):											